

Leigh Anne Mehldau, LCSW

Licensed Therapist/Certified Divorce Mediator

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NOTICE OF PRIVACY PRACTICES

This notice describes how mental health/clinical information about you may be used, disclosed, and safeguarded, as well as how you can gain access to this information. Please review it carefully.

Who is Subject to this Notice: Leigh Anne Mehldau, LCSW

I. Our Responsibility

The confidentiality of your personal health information is very important to us. Your health information includes records that we create and obtain while providing you with care and services, such as record of your symptoms, clinical evaluation, assessment, and results, diagnoses, treatments, and referrals for additional services, as deemed necessary. It also includes bills, insurance claims, or other payment information that we maintain related to your care.

This Notice describes how we manage your health information and your rights regarding this information. Generally speaking, we are required to:

- Maintain the privacy of your health information, as required by law;
- Provide you with this Notice of our duties and privacy practices regarding the health information about you that we collect and maintain;
- Follow the terms of our Notice currently in effect.

II. Contact Information

After reviewing this Notice, if you need further information or would like to contact us regarding the management of your health information, please direct any questions to:

Office/Reception HIPAA Coordinator:

Leigh Anne Mehldau, LCSW

200 Oak Street, Suite D, Glastonbury, CT 06033

III. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your protected health information (PHI) may be used or disclosed for treatment, payment, and health care operations without your consent. For the purpose of clarification, some definitions are described below:

- "PHI" refers to information in your mental health record that could identify you.
- "Treatment, Payment, and Health Care Operations"

--Treatment refers to the provision of clinical mental health services, coordination and/or management of your health care, and other referral and/or case management responsibilities in providing mental health services. An example of treatment and case management includes collaboratively working and/or consulting with your physician, another mental health professional, or school personnel.

--Payment refers to obtaining reimbursement and/or payment for the provision of your mental health care. PHI may be necessary to disclose to your health care insurance carrier to obtain reimbursement/payment for services rendered, or to determine eligibility or coverage for services. We will disclose only the minimum amount of information necessary for this purpose.

--Health Care Operations refers to activities that relate to the performance and general operations of the practice. For example, quality assessments and improvement activities, business-related matters, such as audits and administrative services, case management and care coordination are included. We will share with our business associates only the minimum amount of PHI necessary for them to assist us.

- “Use” applies only to activities within our office (office, clinic, practice, group, etc.), such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our office (office, clinic, practice, group, etc.), such as releasing, transferring, or providing access to information about you to other parties.

IV. Uses and Disclosures Requiring Written Authorization

Your PHI may be used or disclosed for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when asked for information for the purposes outside of treatment, payment, or health care operations, your therapist will obtain an authorization from you prior to releasing this information.

Additionally, we will also obtain an authorization prior to releasing your Psychotherapy Notes.

“Psychotherapy Notes” are therapist’s notes that are made during or shortly after our conversation in a private, group, joint, or family therapy session, which are kept apart from your treatment record. These notes are given a much greater degree of protection than PHI on account of their significant personal content. They do not include any summary of your diagnosis, condition, treatment plan, symptoms, prognosis, or treatment progress. You cannot be required to authorize the release of your psychotherapy notes in order to obtain health insurance benefits for your treatment, or enroll in a health plan. Psychotherapy notes are also not among the records that you may request to review or copy. If you have any questions about your psychotherapy notes, please discuss this subject with your therapist.

You may revoke all such authorizations (of PHI and Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that 1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to consent the claim under the policy.

V. Uses and Disclosures Without Consent or Authorization

Your PHI may be used or disclosed without your consent or authorization under the following circumstances:

- **Child Abuse**---If, in the ordinary course of our professional work with you and/or your family, we have reasonable cause to suspect or believe that any child under the age of eighteen (1) Has been abused and/or neglected, (2) has had nonaccidental physical injury, or injury which appears inconsistent with the history and information given of such injury, inflicted upon such child, or (3) is placed at imminent risk of serious harm, then, as a mandated reporter, we must report this suspicion or belief to the appropriate authorities. If feasible, we will either make the report with your knowledge and participation, or will promptly inform you that such a disclosure has been made.
- **Adult and Domestic Abuse**---If, during the course of our professional work, we learn about or, in good faith, suspect that an adult (person 18 years of age and older) or elderly individual, who is disabled or incompetent, has been abused or neglected, we may disclose this information to the appropriate authorities, as required by law.
- **Business Associates**---We may share health information about you with business associates who are performing services on our behalf. For example, we may contract with a company or individual to service and maintain our computer system, or to do our billing. Our business associates are obligated to safeguard your health information as well. We will share with our business associates only the minimum amount of PHI necessary for them to assist us in our efforts to manage our office efficiently and consistently provide quality clinical services.
- **Health Oversight Activities**---If the Connecticut Department of Health is in the process of investigating my/our practice for quality purposes, the Dept. may subpoena medical records relevant to such an investigation.
- **Judicial and Administrative Proceedings**---We may disclose health information about you in the course of a judicial or administrative proceeding, in accordance with our legal obligations. PHI will not be released when you are being evaluated for a third party or when the evaluation is court-ordered. You will be informed in advance of such a situation.
- **Serious Threat to Health or Safety**---If, in good faith, we believe that there is risk of imminent personal injury to you or to other individuals, or risk of imminent injury or

destruction to the property of other individuals, this information may be disclosed, as permitted by law, to the appropriate authorities.

- **Worker's Compensation**---Your PHI may be disclosed, as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **Communications with Family and Friends**---We may disclose information about you to persons you have authorized to be involved in your therapeutic care or payment for clinical services, such as family members, relatives, or close personal friends. Any such disclosure will be limited to information directly related to the person's involvement in your clinical treatment and care. If you are available, we will provide you an opportunity to object before disclosing any such information.

- If you are unavailable because you are incapacitated or due to some other emergency circumstance, we will use our professional judgment to determine what is in your best interest regarding any such disclosure.
- **Law Enforcement**---We may disclose health information about you to a law enforcement official for certain purposes, such as certain types of injuries as required by law, assisting law enforcement to locate someone (fugitive or material witness), to report criminal conduct or at-risk/delinquent behavior involving your child or adolescent.
- **Minors**---If you are an emancipated minor, under Connecticut law, there may be circumstances in which we disclose health information about you to a parent, guardian, or other person acting in *loco parentis* responsible for your care, in accordance with our legal and ethical responsibilities.
- **Notification**---We may notify a family member, your personal representative, or other person responsible for your care, of your location, general condition, or death.
- **Parents**---If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, we may disclose health information about your child to you under certain circumstances. For example, if we are legally required to obtain your consent as your child's personal representative in order for your child to receive therapeutic care and services from me, we may disclose health information about your child to you.

---In some circumstances, we may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment, and does not request that you be treated as his/her personal representative, we may not disclose PHI about your child to you without your child's written authorization.

- **Personal Representative**---If you an adult or emancipated minor, we may disclose your PHI to a personal representative authorized to act on your behalf in making decisions about your health care.
- **Public Health Activities**---Consistent with our legal and ethical obligations, we may disclose PHI about you to a public health authority, for example, to report disease, injury, or vital events such as death.

Patient Personal Health Information Rights

Under the law, you have certain rights regarding the personal health information we collect and maintain about you. You have the right to:

- Request that we restrict certain uses and disclosures of your health information; we are not, however, required to agree to a requested restriction.

- Request that we communicate with you by alternative means, such as making records available for pick-up, or mailing them to you at an alternative address, such as a P.O. Box. We will accommodate reasonable requests for such confidential communications.
- Request to review, or to receive a copy of, the PHI about you that is maintained in our files and the files of our business associates (if applicable). If we are unable to satisfy your request, we will tell you in writing the reason for the denial and your right, if any, to request a review of the decision.
- Request that we amend the PHI about you that is maintained in our files and the files of our business associates (if applicable). Your request must explain why you believe our records about you are incorrect, or otherwise require amendment. If we are unable to satisfy your request, we will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length and description) disagreeing with the decision. This statement will be filed in your treatment record.
- Request a list of our disclosures of your PHI. This list, known as an “accounting” of disclosures, will not include certain disclosures, such as those made for treatment, payment, or health operations. We will provide you the accounting free of charge, however, if you request more than one accounting in any 12 month period, we may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested (for example, “from January 1, 2006 to April 1, 2006”).
- Request a copy of this Notice.
- In order to exercise any of your rights described above, you must submit your request in writing to our contact person (see page 1). If you have any questions about your rights, please speak to our contact person or Leigh Anne Mehltau, LCSW, available in person, by phone, or email.

Effective Date, Restrictions, and Changes to the Privacy Policy

- This revised notice goes into effect on March 25, 2013.
- The uses or disclosures made will be limited to only those with a signed authorization, by court-order, or as mandated by safety requirements.
- The therapist reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI maintained for the practice. You will be provided with a revised Notice by any date of revision.